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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>062904</b>		
Application Number	10/598,086-Conf. #9920			
Filed	<b>August 17, 2006</b>			
For <b>SUPPORTING UNIT FOR MICROFLUID SYSTEM</b>				
Art Unit	1797	Examiner <b>J. M. Ludlow</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ <b>130.00</b>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ <b></b>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1110	Small Entity Fee \$555	\$ <b></b>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$ <b></b>
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$ <b></b>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2866</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,441</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u></u>				
<u>/Lee C. Wright/</u> Signature		October 25, 2010 Date		
<u>Lee C. Wright</u> Typed or printed name		(202) 822-1100 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.			